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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

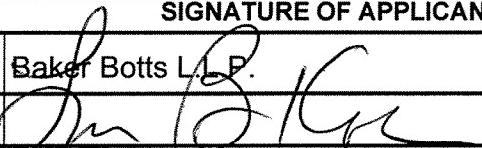
Total Number of Pages in This Submission

Application Number	10/789,308
Filing Date	02/26/2004
First Named Inventor	Jessell et al.
Art Unit	1647
Examiner Name	Daniel C. Gamett
Attorney Docket Number	070050.2891

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Lisa B. Kole		
Date	11/14/2007	Reg. No.	35,225

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 705)

Complete if Known

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number

02-4377

Deposit Account Name

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

Extra Claims	Fee	Fee Paid
<input type="text"/>	<input type="text"/> x <input type="text"/> 25 =	<input type="text"/> \$0

Independent Claims	<input type="text"/> x <input type="text"/> 105 =	<input type="text"/> \$0
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Multiple Dependent	<input type="text"/> =	<input type="text"/> \$0
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SUBTOTAL	<input type="text"/> \$0
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Fee Description	Large Entity	Small Entity
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Claims in excess of 20	<input type="text"/> 50	<input type="text"/> 25
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Independent claims in excess of 3	<input type="text"/> 210	<input type="text"/> 105
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Multiple dependent claim, if not paid	<input type="text"/> 370	<input type="text"/> 185
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FEE CALCULATION (continued)

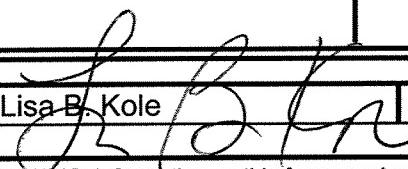
ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	<input type="checkbox"/>
<input type="checkbox"/> Non-English Specification	<input type="checkbox"/>
<input type="checkbox"/> Extension for reply within first month	<input type="checkbox"/>
<input type="checkbox"/> Extension for reply within second month	<input type="checkbox"/>
<input checked="" type="checkbox"/> Extension for reply within third month	\$525
<input type="checkbox"/> Extension for reply within fourth month	<input type="checkbox"/>
<input type="checkbox"/> Extension for reply within fifth month	<input type="checkbox"/>
<input type="checkbox"/> Notice of Appeal	<input type="checkbox"/>
<input type="checkbox"/> Filing a brief in support of an appeal	<input type="checkbox"/>
<input type="checkbox"/> Petition to revive - unavoidable	<input type="checkbox"/>
<input type="checkbox"/> Petition to revive - unintentional	<input type="checkbox"/>
<input type="checkbox"/> Utility Issue Fee	<input type="checkbox"/>
<input type="checkbox"/> Design Issue Fee	<input type="checkbox"/>
<input type="checkbox"/> Publication Fee	<input type="checkbox"/>
<input type="checkbox"/> Petitions to the Commissioner	<input type="checkbox"/>
<input type="checkbox"/> Request for Continued Examination (RCE)	<input type="checkbox"/>
<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)	\$180

Other fee -

SUBTOTAL (\$ 705)

(Complete if applicable)

Name (Print/Type)	Lisa B. Kole	Registration No. (Attorney/Agent)	35,225	Telephone	212-408-2500
Signature				Date	11/14/2007

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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